Fill in this information to identify	your case:					
Genevieve Bas	niti					
Debtor 1 First Name		ast Name		-		
Debtor 2 (Spouse, if filing) First Name	Middle Name L	ast Name		_		
United States Bankruptcy Court for the:	Middle District of Pennsylva	nia				
Case number 17-02397	•	•		Check if th	iis is:	
(If known)					ended filing	
					lement showing post	
Official Form 106I					as of the following d	ate:
Schedule I: You	r Incomo			MM / DE	D / YYYY	40/4-
						12/15
Be as complete and accurate as posupplying correct information. If you fi you are separated and your spouseparate sheet to this form. On the	ou are married and not filing se is not filing with you, do top of any additional page	g jointly, and yo not include inf	ur sp ormat	ouse is living with yo ion about your spou	ou, include informationse. If more space is n	n about your spouse. eeded, attach a
Fill in your employment						
information.		Debtor 1			Debtor 2 or non-fil	ling spouse
If you have more than one job, attach a separate page with		<b>D</b>				
information about additional employers.	Employment status	Employed  Not employ	ed		Employed  Not employed	
Include part-time, seasonal, or						
self-employed work.	Occupation					
Occupation may include student or homemaker, if it applies.	·					
	Employer's name					
	Employer's address					
		Number Street			Number Street	
		City	Stat	e ZIP Code	City	State ZIP Code
	How long employed there	,	Otal	e Zii Gode	Oity	State Zii Gode
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	ave more than one employer,	combine the info	Ū		•	,
below. If you need filore space, a	nacii a separate sheet to this	ioiiii.		For Debtor 1	For Dobter 2 ar	
				FOR DEDIOR 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sale deductions). If not paid monthly,			2.	\$0.00	\$	
3. Estimate and list monthly over	time pay.		3.	+\$0.00	+ \$	
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$0.00	\$	

First Name Middle Name Last Name

			For	Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here=	<b>→</b> 4.	\$	0.00	\$	
	List all payroll deductions:	<b>-</b> 7.	Ψ		Ψ	
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	
	5b. Mandatory contributions for retirement plans	5b.	Ť—	0.00	\$	
	•		· —	0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	
	5d. Required repayments of retirement fund loans	5d.	· —	0.00	\$	
	5e. Insurance	5e.	· —	0.00	\$	
	5f. Domestic support obligations	5f.	\$	0.00	\$	
	5g. Union dues	5g.	\$		\$	
	5h. Other deductions. Specify:	5h.	+ \$	0.00	+ \$	
			\$		\$	
			\$		\$	
			\$	····	\$	
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$	0.00	\$	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business,					
	profession, or farm  Attach a statement for each property and business showing gross					
	receipts, ordinary and necessary business expenses, and the total		\$	0.00	\$	
	monthly net income.	8a.		0.00	·	
	8b. Interest and dividends	8b.	\$	0.00	\$	
	8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent				
	Include alimony, spousal support, child support, maintenance, divorce		\$	2,016.00	\$	
	settlement, and property settlement.	8c.	Ψ	0.00	Ψ	
	8d. Unemployment compensation	8d.		0.00	\$	
	8e. Social Security	8e.	\$	0.00	\$	
	8f. Other government assistance that you regularly receive					
	Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental	nce				
	Nutrition Assistance Program) or housing subsidies.		•	0.00		
	Specify:	8f.	\$		\$	
	8g. Pension or retirement income	8g.	\$	0.00	\$	
	8h. Other monthly income. Specify:	8h.	+\$	0.00	+ \$	
0	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	2,016.00	\$	]
9.	Add all other income. Add lines oa + ob + oc + ou + oe + of +og + on.	9.	Φ	_,	Φ	<u> </u>
	Calculate monthly income. Add line 7 + line 9.		\$	2,016.00	<b>+</b> s	<b>=</b> \$ 2,016.00
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10		2,010.00	Ψ	Ψ
11.	State all other regular contributions to the expenses that you list in Sche	dule .	J.			
	Include contributions from an unmarried partner, members of your household,	your o	depend	ents, your roo	mmates, and other	
	friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are	not a	wailabk	to nav ovnor	asas listad in Schadula I	
					11.	<b>+</b> \$ 0.00
	Specify:					• • •
	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S				•	<sub>\$</sub> 2,016.00
	with that amount on the outlinary of Tour Assets and Elabilities and Certain C	oialis	ucai IIII	onnauon, II Il è	μρηι <del>ιο</del> ο ΙΖ.	Combined
	B		•			monthly income
13.	Do you expect an increase or decrease within the year after you file this No.	rorm'	ſ			
	Yes. Explain:					

Fill in this	information to identify	your case:					
Debtor 1	Genevieve Bashiti	Middle None	Last No.		Check if this is:		
Debtor 2	FII SUNAIII (C	Middle Name	Last Name			filina	
(Spouse, if filin	g) First Name	Middle Name	Last Name		An amended the Asymptoment	-	petition chapter 13
United State	s Bankruptcy Court for the:	Middle District of Penns	•	State)		of the following	
Case numbe	17-02397 			sidie)	MM / DD / YYY	<del></del>	
Official	Form 106J	_					
Sche	dule J: Yo	ur Expen	ses				12/15
information		ed, attach another s			oth are equally respons any additional pages,		-
Part 1:	Describe Your Hou	usehold					
1. Is this a jo	oint case?						
No. G	Go to line 2.  Does Debtor 2 live in a s	separate household	?				
Ĭ	<b>-</b> -No ☐Yes. Debtor 2 must fil	le Official Form 106J-	2. Expenses for S	eparate Househ	nold of Debtor 2.		
2 Do you be		✓No	, , , , , , , ,				
-	Debtor 1 and	Yes. Fill out thi	s information for	Dependent's re Debtor 1 or Del		Dependent's age	Does dependent live with you?
Do not sta names.	te the dependents'						No Yes
expenses	xpenses include of people other than and your dependents?	V No □ Yes					
Part 2:	Estimate Your Ongo	ing Monthly Expe	nses				
expenses as applicable d Include expe	s of a date after the bar	nkruptcy is filed. If t	his is a suppleme	ental <i>Schedule</i> I know the valu		-	and fill in the
	ance and nave included al or home ownership		•	•	•	- Ca. Oxpoi	
any rent	for the ground or lot.	onpolises for your fo	Joinerice. Illolude	mat mortgage p	4.	\$	800.00
	cluded in line 4:					•	0.00
	al estate taxes				4a.	\$	0.00
	perty, homeowner's, or r				4b.	\$	15.00
	ne maintenance, repair,		es		4c.	\$	<del></del>
4d. Hor	neowner's association o	r condominium dues			4d.	\$	0.00

Genevieve Bashiti

Debtor 1

First Name Middle Name Last Name

Case number (if known) 17-02397

Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans 6. Utilities: 0.00 Electricity, heat, natural gas 6a. 0.00 Water, sewer, garbage collection 6b. 150.00 Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: \_ 0.00 6d. 600.00 7. Food and housekeeping supplies 7 Childcare and children's education costs 0.00 8. Clothing, laundry, and dry cleaning 25.00 9. Personal care products and services 10. 25.00 10. Medical and dental expenses 40.00 11. Transportation. Include gas, maintenance, bus or train fare. 12. 220.00 Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 10.00 13. 13. 0.00 Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 0.00 15a. Life insurance 0.00 15b. Health insurance 0.00 15c. Vehicle insurance 0.00 15d. Other insurance. Specify:\_\_\_ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 0.00 Specify: 17. Installment or lease payments: 0.00 17a. Car payments for Vehicle 1 0.00 17b. Car payments for Vehicle 2 0.00 17c. Other. Specify:\_ 0.00 17d. Other. Specify:\_ 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 0.00 18 Other payments you make to support others who do not live with you. 0.00 Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 0.00 20a. Mortgages on other property 20a. 0.00 20b. Real estate taxes 20b. 0.00 20c. Property, homeowner's, or renter's insurance 20c. 0.00 20d. Maintenance, repair, and upkeep expenses 20d. 0.00 20e. Homeowner's association or condominium dues

Debtor 1	Genevieve Bashiti Case nu	mber (if known)	17-02397			
	First Name Middle Name Last Name					
. Other	: Specify:	21.	+\$	0.00		
			+\$			
			+\$	<del></del>		
. Calcu	ulate your monthly expenses.					
22a. A	Add lines 4 through 21.	22a.	\$	1,885.00		
22b. C	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lin	e 22a 22b.	\$			
and 22	2b. The result is your monthly expenses.	22c.	\$	1,885.00		
3 Calcula	ate your monthly net income.					
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,016.00		
23b. C	Copy your monthly expenses from line 22c above.	23b.	<b>-</b> \$	1,885.00		
	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	131.00		
For exa	u expect an increase or decrease in your expenses within the year after you file this tample, do you expect to finish paying for your car loan within the year or do you expect you ge payment to increase or decrease because of a modification to the terms of your mortgates.	ır				
No.	Explain here:					
	Explain note.					